

# RECEIVED

JAN 2 6 2010

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISL	ATOR INFORMATION	
Name	* 2	Office:
VERONICA G	MAGNAN	
Mailing address  PO Book 3 7	iki dendarak dendarak menanggap seguaja (1920) dendarak dendarak ini dendarak dan darak menganggan dendarak dendarak	District 4/
City, zip code	6619366644-08956493554-04-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4	выстранция при
City, zip code SANAY Point N	(E 04972	201-567-6097
	ED FROM EMPLOYMENT BY ANOT	
List the name and address of each employer from whom y economic activity of each employer.	ou received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
STATE of Maixe 2	Tale House States	
STATE of Maine for	Tale House Statux Susta, ME 04993	Legislator
	and gramma in the contract of	programment with the contraction of the contraction
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		t terre to be recovered and any popular properties of the popular polaries in a bound of the recovered and an any polaries of the popular consistency.
	200	
PART 2 INCOME DE	RIVED FROM SELF-EMPLOYMENT	
	ors who are self-employed.)	
<ul> <li>A. List the name and address of your business, if any, and associated with a partnership, firm, professional association</li> </ul>	list the major areas of economic activity	from which you derived income. If
entity.	, or our mar business or any, not the majo	a areas or economic activity of that
		Major Areas of Economic
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Activity (partnership, association or similar
		business entity)
Name:		
Address:		
Name:	*** A T ** POP TO A	
Address:	A. C.	9000000 a A-A-A-A-A-
		5

PART 2 (continued), INCOME DERIVED F (For Legislators who are self-	ROM SELF-EMPLOYM employed.)	IENT
B. List each source of income derived from self-employment that represents greater, and specify the principal type of economic activity of the entity or p disclosure is prohibited by law, rule, or an established code of professional ethentity or person from whom the income was derived.	erson from whom you der	ived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		
Name:	memory (F 25000) (25000) (F 4600 d 2500 d 2500 d 2500 d 2600 d 26	and the second s
Address:		
PART 3. MAJOR AREAS O (For Legislators who are attorney		
List your major areas of practice. If associated with a law firm, list the major ar		e temperatura entre constituir son commencial la charle de entre Modellanda de productiva de commencial de constituir de la c
Name and Address of Firm	Major Areas of Practi (self)	ce Major Areas of Practice (firm)
Name:	Tonas de la companya	A 20
Address:	THE THE PROPERTY OF THE PROPER	The state of the s
Name:	mangag Jangseggggaranman penguman penguman penguman penguman seran serin - A wesar-mak sanahah KEG CERA-CERA-CERA SERIA SERI	(Ashilishan) Managaban manasha manasha Manasha manasha manasha Manasha manasha
Address:	THE PROPERTY OF THE PROPERTY O	Distributions
PART 4. OTHER SOURCES		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this		s. If none, check the box
None	Lowerserschaften (1931)	varvani prografija (interprografija prografija prografija progradovanja kriptopa prijava (interprografija prografija kriptopa prografija
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: St. if Rhode Soland Somployee Seturence	et Board	
Address: 40 Fourtain Street, Providence	2 02903	TERDETIC
Name: Great Concrean hije mouran	a Co	ne en reconstruire de la companya d La companya de la companya del companya de la companya del companya de la companya del la companya del la companya del la companya de la companya de la companya de la companya de la companya del la companya
Address: PO Box 5420 Gencemate Ot	1 45201	linnerty
PART 5. REPORTABLE LI	ABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that y areas of economic activity of each creditor. Do not list credit card liability or loa	you received during the rense from a relative. If none,	porting period, and list the major check the box.
None		and the second of the second s
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		·
Address:	dimension of the	
Name:		ongganinining (Michael Andreas) escare come concentration escare escare escare escare (Andreas) (Andreas) (Andreas)
Address:		

PART 6.	REPORTABLE GIFTS			
List the specific source of each gift of more than \$300. Incl none, check the box.	ude gifts with an aggregate	value of more than \$300 from a single source. If		
None	THE PROPERTY OF THE PROPERTY OF THE STORY OF	APPA 608 EBB (PRIBER AND EBB CAN ABOUT ABOUT ABOUT ABOUT A STAIN ABOUT A		
Name of Source of Gift  1.	3.	Name of Source of Gift		
	4.			
PART 7, RI	EPORTABLE HONORAR			
List the source of any honoraria accepted for appearances or	speeches related to your leg	gislative responsibilities. If none, check the box.		
None Name of Source of Honoraria		Name of Source of Honoraria		
1.	3.	Manie oi Source oi Fronciana		
2.	4.	end with an above and store come where it is not to the stored to be stored to be stored to be stored and above the stored to the stored to the stored and above the stored to the stored to the stored and above the stored to th		
PART 8. REPRESENT	FATION BEFORE STATE	AGENCIES		
List each executive branch agency before which you represe box.				
None	^^vi~dishindishingspire/ee\dishingspiredistational_controlsed_cont			
Name of Agency		Name of Agency		
1.				
2.	4.			
PART 9. BUSIN	ESS WITH STATE AGEN	VCIES		
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your immediate family	sold goods or services with a value in excess of		
None	$-4 \times (1/2 \times 1/2)^{2/3} \times$	ической «Модей» на было в именя в неводения одного		
Name of Agency		Name of Agency		
1.	3.			
2.	4.			
PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY				
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not i	of income represented. If y	received by your spouse or domestic partner or your spouse or domestic partner received \$1,000		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of Income		
Name: ROLAND L. MAGNAN	1. TAX Prejaration 2. Retirement 3. Investments	Spouse or Domestic 2. Pension		
JOB TITLE TAX PREPARER	3. Investments	Domestic 2. Perestor Partner 3. INT, DIV, Cap Gaix		
	A PERSON TO THE PARTY OF THE THE AND THE PERSON TO THE THE AND THE PERSON TO THE PERSO	Dependent Child		
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child		
	And the second s	Dependent Child		

### PART 11. OFFICER OR DIRECTOR POSITIONS List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member. None Organization/Business Position Held Family Member's Compen-Title and Address By: Name sated? SANDY POINT COMMUNITY Club SANDY POINT, ME 04972 SANDY POINT COMMUNITY CLUB 22-60 SANDY POINT, ME 04972 Ineasean WERLL STORIAND ME 04431

#### SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

Signature

0/-24-20/0 Date

#### ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.

the information	on you are providing.
Part/Section Number	
4	Edward Jones 175 Cechange St. Ingome Sunte 16 Streetweds
4	Scottrade Gordens, ME 04101 Income from
11	Hospice Volunteers of Waldolousty Boland PO BOX 772 Belfast ME 04915 Treasurer Spouse
11	Congregational Church, Sandyfoint Trustee Roland no